

Critical Incident Protocol

Balancing Officer and Department Needs

Date March 2, 2005

Cost \$ 125.00

Location MPPOA Training Room
327 York Ave.
Saint Paul, MN 55101

Time 0800-1600

Instructor Sergeant Pat Kane (SPPD)
Peggy Hepp, M.A, L.A.M.F.T.

POST Credits 7.0

The Saint Paul Police Department Professional Development Institute is sponsoring a one-day course on critical incident protocol. This course will cover preparation for departmental response in the event of a critical incident. The focus will be on the needs of the individual officer(s), and what they can expect after the incident. We will talk about effective departmental critical incident protocol that includes support for the officers involved, their family members, and other colleagues in the department. We will discuss ways in which the officers' emotional needs are met while still accomplishing the post-incident investigation. Time will be spent looking at each participant's departmental needs and how protocol can be adjusted to incorporate the needs of the officers. Areas that will be covered include: defining a critical incident; the officer's emotional needs the day of the incident and afterwards; administrative time off; debriefing and counseling follow up; communication needs for the officer (inter-departmental, city/county, media, and public); and the needs of the officer's family.

Participants for this course can include; individual officers, union/federation representatives, and administrative personnel. Upon completion of this course participants will be better prepared to respond to the needs of the individual officer, in the event of a critical incident, and to bring back to their department ideas for possible changes in their critical incident response protocol.

If possible, participants are asked to bring their department's critical response policy.

To request registration material, call the Saint Paul Police Department Training Unit at (651) 266-5555.

Saint Paul Police Professional Development Institute REGISTRATION FORM

Course: _____

Date(s): _____ Cost: _____

Name: _____ POST #: _____

Position/Title: _____ Phone: _____

Agency: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Send Invoice to: _____

Phone #: _____ FAX #: _____

Please return to: _____

Saint Paul Police Department
Training Unit, ATTN: PDI
367 Grove Street, Saint Paul, MN 55101
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